

Provider Relations
P.O. Box 4936
Helena, MT 59604
406-442-1837 (Local)
1-800-624-3958 (In/Out of State)
406-442-4402 (Fax)



Address Correction Form

Pay-to and correspondence changes require a completed W-9.

Provider Number _____

Passport Number
(if applicable) _____

Address 1 _____

☐ Physical Address

☐ Pay-To Address

☐ Correspondence

Address 2 _____

☐ Physical Address

☐ Pay-To Address

☐ Correspondence

Phone Number _____

Fax Number _____

Authorized Signature _____ Date _____